



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
SOLID WASTE MANAGEMENT PROGRAM
TRANSFER STATION SOLID WASTE TONNAGE FEE REPORT

Mail Completed Form to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
P.O. Box 477, Jefferson City, Missouri 65102

PERMIT NUMBER	REPORTING PERIOD	
FACILITY	COUNTY	SOLID WASTE REGION

☐ If no solid waste was accepted during the reporting period, check box and sign below, if no solid waste was transported out of the state during the reporting period, check box and sign below.

A. WEIGHT METHOD

	TONS	FEE	TOTAL OWED
1. Weight transported out of the State		x \$2.11	= \$

B. VOLUME METHOD

TYPE OF WASTE (Transported out of state)	CUBIC YARDS	CONVERT TO TONS	TONS	FEE	TOTAL OWED
2. General Waste		x 0.33	=	x \$2.11	= \$
3. Baled Waste		x 0.70	=	x \$2.11	= \$
4. Heavy Waste		x 1	=	x \$2.11	\$
5. Total Lines 1 + 2 + 3 + 4					\$
6. Less 2% handling costs					X .98
7. Amount Due Line 5 multiplied by 98% Enclose check or money order for amount due made payable to the Missouri Department of Natural Resources					\$

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PREPARED BY:	PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR		
NAME	NAME		
TITLE	TITLE		
PHONE () -	EXT.	PHONE () -	EXT.
SIGNATURE	SIGNATURE		
DATE / /	DATE / /		

FOR OFFICE USE ONLY

DATE	AMOUNT DUE	AMOUNT RECEIVED	DMS INITIALS
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Deposit Information Method A - Line 1: 0570-780-3445-1206-03

Deposit Information Method B - Lines 2, 3 and 4 0570-780-3445-1206-04

County:

Facility: